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Self Directed Care

By Patty Hayes, RN, MN

Self-directed care "means the process in which an adult person, who is prevented by a functional disability from performing a manual function related to health care that an individual would otherwise perform for himself or herself, chooses to direct and supervise a paid personal aide to perform those tasks."

The 1999 legislature passed HB 1880 that established the concept of "self directed care." This new law affects the practice of all health professions involved with care delivered in the home to individuals with disabilities although you will not find it in your practice act. The purpose of this article is to inform you of this new law and the impact to your practice.

What Was The Intent Of The Legislature In Passing HB 1880?

The following is quoted from the intent section of the bill.

"The legislature finds that certain aspects of health licensure laws have the unintended consequence of limiting the right of persons with functional disabilities to care for themselves in their own home, and of securing assistance from other persons in performing routine health-related tasks that persons without these disabilities customarily perform.

It is the intent of the legislature to clarify the right of adults with functional disabilities to choose to self-direct their own health-related tasks through personal aides, and to describe the circumstances under which self-directed care may take place in the home setting. The legislature declares that it is in the public interest to preserve the autonomy and dignity of persons with functional disabilities to care for themselves in their own homes, among the continuum of options for health care services where the judgment and control over the care rests with the individual."

What Is Self-Directed Care?

Self-directed care "means the process in which an adult person, who is prevented by a functional disability from performing a manual function related to health care that an individual would otherwise perform for himself or herself, chooses to direct and supervise a paid personal aide to perform those tasks."

☞ Tasks can include but are not limited to medical, nursing or home health services such as medication administration, bowel programs, bladder catheterization, and wound care.

☞ The individual chooses to self-direct their care. Thus, the individual is responsible for initiating the self-direction by informing the health care professional who has ordered the treatment.

☞ The individual is responsible for training the personal aide who will be performing the self-directed task. Those personal aides who are state funded will also receive the Department of Social and Health

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Self Directed Care

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Services Fundamentals of Caregiving course and ten hours of continuing education every year.

What Is The Responsibility Of The Health Care Practitioner With Self-Directed Care?

The health care practitioner has the responsibility to ascertain that the individual/client/patient understands the treatment and will be able to follow through on the self-directed care task in the same manner that the practitioner would work with an individual/client/patient who was going to do the task for themselves. It is important to note that prior to this new statute, the health care practitioner would have ordered these tasks to be performed by another health care provider (such as a nurse, respiratory therapist, etc.) or by a family member.

Who Can Be The Personal Aide?

The individual self-directing their care can either hire an aide or have an individual provider who is under contract/agreement with DSHS. Agency workers are not allowed to serve as a personal aide under this new statute. **In addition, there is no requirement under the new statute that the personal aide obtain or hold any type of license or registration with the Department of Health (DOH), regardless of the task they are performing under self-directed care.** Under this new law, there now will be personal aides performing tasks in the home that previously would have been required to hold some type of state license or registration from the DOH. In particular, this includes nursing, physical therapy, respiratory therapy and nursing assistants.

Is There A Listing Of The Personal Aides?

DSHS will be establishing a registry of individuals who have been found to abuse, neglect or steal from individuals self-directing their care. Thus, an individual will be able to check the registry prior to hiring a personal aide.

There will also be a second registry to keep a record overall of who is performing self-directed care that is state funded. Thus, personal aides who contract with DSHS must register with the DSHS by having the client contact their case manager.

What Is The Schedule For Implementing This New Law?

Implementation of the new law is scheduled

for January 1, 2000. There are rules under revision by DSHS to establish the program and the registries are being developed. Contact Patty McDonald @ DSHS for more information on the implementation, (360) 493-2549.

Is There A Plan To Monitor The Impact Of The Law?

Yes, the legislature funded a two-year study through the University of Washington School of Nursing. A report back to the legislature with the study results, including implications of the new legislation and recommendations, is due November 1, 2001. The study will be done in consultation with the Governor's Committee on Disability Issues and Employment, the Department of Health, and the Department of Social and Health Services. In particular, the study will focus on the following:

1. Consumer satisfaction, including perception of autonomy, self-determination, and choice afforded.
2. Service quality and consumer safety, including quantifiable outcomes such as rate of hospitalization or other facility placement.
3. Number of personal aides who have been found to have abused or neglected consumers.
4. Whether coercion is a factor in consumers requesting self-directed care or with personal aides performing self-directed care tasks.
5. Consumer outcomes in emergency situations such as abandonment, abuse, neglect, or exploitation by personal aides.

Several data sources will be incorporated including interviews with consumers and care providers, surveys of consumers and care providers, record review, and audit of complaints received by regulatory agencies. Recruitment into the study will begin during the second quarter of the year 2000; data will be collected through spring of 2001, with the final report to the legislature November 2001.

Where Can I Get Further Information?

Patty McDonald is the lead staff for implementation of this new law. She can be reached at DSHS, (360) 493-2549. For information on the study contact, Heather M. Young, Ph.D., ARNP, FAAN (206) 447-1170 or Suzanne K. Sikma, Ph.D., RN (425) 952-9324.

Refresher Courses For RNs And PNs

By Maura Egan, Ph.D., RN

Even if you personally do not need a nurse refresher course, this article could be a learning experience for you! A refresher course in how to read our nurse practice act. There must be quite a few of you out there who are in the dark about all the detail that is contained within our nurse practice act. To order your copy while it is still available in *lovely lilac* simply write to the address on the back page of this newsletter. Or, download the laws from the nursing WEB site at: www.doh.wa.gov/hsqa/hpqqad/nursing/default.htm.

The first part of the *Law Relating to Nursing Care (that would be Chapter 18.79 RCW Nursing Care)* is *the statute or law* mandated by legislation (it is included in the first set of page numbers, p. 1-14). Then, there is a single page titled "Practical Nurses" at the top, which begins the first section of **WACs**. It is in the **WAC** (Washington Administrative Code) section that you can find *the rule* that specifies who needs a refresher course.

It is **WAC 246-840-120 Inactive credential**, which mandates that: "(4) Practitioners with an inactive credential for more than three years...must: (a) successfully complete a commission-approved refresher course."

It is the next WAC 246-840-130 that specifies **Criteria for approved refresher course**. It is the responsibility of the Nursing Commission to approve refresher courses that are offered throughout the state; also any "exceptions shall be justified to and approved by the commission." A list of approved Refresher Programs follows this article.

Phone calls come in regularly with inquiries about out-of-state refresher programs because a nurse is seeking endorsement for licensure in Washington from another state. A specific part of WAC 246-840-130 (7) states that "Refresher courses taken outside of the state of Washington shall be reviewed individually for approval by the commission **prior to starting the course**." One out-of-state program that both practical nurses and registered nurses have used successfully in the past with approval of the Nursing Commission is the North Dakota Nurses Association self-study refresher course. Please feel free to call about more information on that course or any of the following listed programs at (360) 236-4709. ❖

HELP!

The NCLEX® examination depends on you!

Get Involved

To access the item development panel application on-line:

1. Go to the National Council's Web site at <http://www.ncsbn.org>
2. Choose "NCLEX® Examination" from the scroll down menu on the National Council's home page
3. Click the Section Contents link labeled "Developing the NCLEX® Examination"
4. Click the link labeled "Item Development Application"

If you do not have access to the Web, please call the National Council's Item Development Hotline at 312/787-6555, Ext. 496, and leave a message with your name, address and phone number.



Chair, Nursing Commission
Cheryl Payseno, RN, MPA

Executive Director
Paula Meyer, RN, MSN

Newsletter Editor
Terry J. West

Washington State Nursing Commission Refresher Programs

The following are Washington State approved refresher nursing courses. Successful completion of an approved course is required for return to active status of a Registered Nurse/Licensed

Practical Nurse license that has been inactive or lapsed three or more years. Scheduling and fees vary. **Please contact the program directly for more information.**

	Program	Type	Contact	Comments
RN Courses	Bellevue Community College	Continuing nursing education	Edna Zebelman (425) 641-2012	Two quarter course: Fall and Winter
	Everett Community College	Community College	Jan Allen (425) 388-9461	8 weeks of Summer (June–August)
	Continuing Nursing Education	Pacific Lutheran University	Patsy Maloney (253) 535-7683	Cooperates with ICNE to provide clinical component
	ICNE/Washington State University	ICNE	Carol Johns (509) 324-7354	Self study
	Spokane Community College	Community College	Carol Howerton (509) 533-8829	Cooperates with ICNE to provide clinical component
	Walla Walla Community College	Community College	Carol Roediger (509) 527-5330	Cooperates with ICNE to provide clinical component
LPN Courses	Everett Community College	Community College	Jean Kraske (425) 388-9461	
	Self-Study Refresher Course		Patricia Truitt 23441 147 th Ave. SE Kent, WA 98042 (253) 630-1268	
	Bates Technical College	Technical College	Jeff Bonnell (425) 596-1682	Self-Study

What's New In Education?

By Shirley Coleman Aikin,
RN, MSN

A concept that has received attention state-wide is Articulation Programs in Nursing Curricula. This concept is promoted to recognize prior knowledge and skills, eliminate duplication of content and offer a mechanism for an individual to advance to a higher level of practice within nursing. This concept has also been discussed at the Council of Nursing Educators in Washington State (CNEWS).

Several schools have submitted proposals or currently have in place a system to evaluate candidate's academic and clinical performance to grant the opportunity for an accelerated or reconfigured curricular model of progression. All candidates must meet all requirements of a program; the manner in which it is done is innovative.

Such articulation programs, which have come to the Commission for consideration, include:

- Highline Community College with Green River Community College
- Bates Technical College
- Walla Walla Community College

The State of Washington is progressive in considering the concept of articulation. All states do not offer these type of programs whereby the process for advancement is already delineated for individuals who desire it. All of us should be proud that we live in a state with programs on the cutting edge of professional growth and development. ❖

Licensing Corner

By Valerie Zandell

Limited Education Licenses:

A Limited education license (LEL) can be issued to any licensee whose license has been lapsed for three years or more and needs to take a refresher course. The application fee is \$65. This LEL is valid only to complete the clinical course and is not valid for employment. Upon completion of the course the applicant submits proof of completion and is issued a full license. The LEL can be renewed on the licensee's birthdate for \$50 if the licensee has not yet completed the course. Approximate processing time is two weeks.

Application Processing:

Processing times vary for different types of applications. An endorsement may take only two weeks, or as long as two months, depending on when the Licensing Staff receives the last of the necessary documents. For instance, license verification forms from other states may take several weeks as well as any transcripts.

Renewals:

Renewals have a turnaround time of two weeks. If a nurse does not receive the courtesy renewal reminder for any reason, please submit your \$50 check made payable to "Department of Health" and send to: Department of Health, PO Box 1099, Olympia, WA 98507. Indicate if you have had an address change and your license number. A renewed license is mandatory to work in the state of Washington. If you have forgotten to renew you may renew at the front counter in Olympia. Your license will be processed and mailed to you. You cannot receive a license at the counter because our computer system is a batch system rather than on-line. So please plan ahead.

Change in examination administration fee:

The examination administration fee paid to directly to The Chauncey Group is changing.

Effective October 1, 1999 the fee will change from \$88 to \$120. This affects only your examination. The fees you pay the Department of Health for your application and first license have not changed. All other procedures for registration remain the same.

Name change/address change:

If your name has changed you may send in a copy of your marriage license, divorce decree or court document along with your renewal on your birth date. If you wish to have a new license printed at any other time of the year, submit a fee of \$20. You may submit your address or name documentation by FAX to (360) 236-4738 or by mail along with your renewal.

Examinations:

Did you know that you can test in Washington State for another state license? Did you know you can test in another state for a Washington license? The testing is now computerized and can be taken in any state at specified Sylvan Technology Centers. Once you have your "Authorization to Test" (ATT) notice with your number, you can call a Sylvan Center of your choice from the list that is enclosed with the ATT notice. Your exam results will be mailed to the State Board of Nursing that you specified on your registration form.

Washington State is currently testing in Spokane, Lynnwood, Puyallup and Ellensburg.

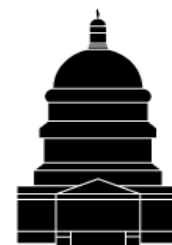
The State of Washington receives the examination results by mail from *The Chauncey Group International*, approximately two weeks after you have tested. At that time your results are processed and mailed to you. Depending on the volume of results received, the average processing time is three working days. From the time your results are put in the mail room for mailing until you receive them is usually seven days. Allow a couple of extra days for processing during the months of June and July. ❖

Office Location and Hours

The Commission office hours are 8:00 a.m. to 4:30 p.m. Monday through Friday except for designated state holidays.

The office is located at 1300 Quince Street SE, Olympia, Washington 98504-7864. Correspondence only should be directed to PO Box 47864, Olympia, WA 98504-7864.

To ensure prompt processing, payments such as renewal fees or application fees should be sent to PO Box 1099, Olympia, WA 98507-1099. ❖



Advanced Registered Nurse Practitioners

By Valerie Zandell

Advanced Registered Nurse Practitioner, ARNP, or Nurse Practitioner, whichever term you use, all mean the same. These people have advanced training/education in nursing (now a graduate degree), are nationally certified and then licensed by the state. Their licenses are coded with the appropriate specialty area:

- 010 Certified Nurse Anesthetist
- 020 Certified Nurse Midwife
- 030 Adult Nurse Practitioner
- 040 Community Health Nurse (No new licenses)
- 050 Family Nurse Practitioner
- 060 Geriatric Nurse Practitioner
- 070 Maternal/Gynecology/Neonatal Nurse (No new licenses)
- 080 Medical/Surgical Nurse (No new licenses)
- 090 Pediatric Nurse Practitioner
- 100 Clinical Specialist in Psych/Mental Health Nursing

- 110 Occupational Health Nurse (No new licenses)
- 120 Women's Health Care Nurse Practitioner
- 130 Neurosurgical Nursing (No new licenses)
- 140 School Nurse Practitioner
- 150 Enterostomal Therapy (No new licenses)

The licenses will specify if these nurses have prescriptive authority by following the specialty with:

- W/PA = With prescriptive authority
- W/O PA = Without prescriptive authority

Another way of telling if the Nurse Practitioner has prescriptive authority is with the numerical coding. Instead of the specialty number ending in "0", it will end with a "1" if the nurse does not have prescriptive authority. For instance, 011 is a Nurse Anesthetist **without** prescriptive authority. ❖

Approval Of Evaluators We Need Your Help

By Jeanne Giese, RN, MN

The Nursing Care Quality Assurance Commission has adopted guidelines for approval of evaluators in mental health and sexual misconduct discipline cases. The purpose of the guidelines is to ensure consistency in the qualifications of evaluators selected and approved to conduct such evaluations. Such evaluations may be required in disciplinary orders issued by the Nursing Commission. Minimum standards include:

1. Licensure in the State of Washington for at least two years as one of the following: a board certified psychiatrist, psychologist with earned Ph.D., Advanced Registered Nurse Practitioner (ARNP) holding national certification(s) in the licensed area of specialization or a certified mental health evaluator;
2. No disciplinary action in any state within the last 10 years;
3. Documented experience of at least 5 years in both assessment and treatment in the areas of concern for the specific case referred for evaluation;
4. Written curriculum vitae must reflect formal education, work and research experience, professional activities and special training relevant to the issues in the case referred for

evaluation.

Additional standard:

Current certification as a Sexual Offender Treatment Provider in the State of Washington for the past three years or longer if the case involves boundary issues, sexual misconduct or sexual deviancy.

The Nursing Commission is seeking names of ARNPs who meet the above standards and are willing to conduct such evaluations. If you qualify and are interested, please contact the Commission office at (360) 236-4728. ❖

Commission Members

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Joanna Boatman, RN
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Marlene Wells, LPN ❖

Executive Director's Report:

The Disciplinary Process

By Paula Meyer, RN, MSN



The disciplinary process is a mystery for most professionals. As you may have read in the last newsletter, a considerable amount of our licensing fees are dedicated to the disciplinary process. The process is necessary and fulfills two missions: that of the profession of nursing and the Department of Health. That mission is to protect and serve the public health, safety and welfare. Therefore, I would like to briefly explain the disciplinary process.

The disciplinary process is steeped in legal proceedings and actions associated with the Nurse Practice Act. The disciplinary process meets the requirements of the nursing profession to be self-regulating. The disciplinary process meets this requirement along with practice guidelines, the educational process and licensing. Many questions remain around how the nursing commission, or the State, can take action on individuals licenses. The process is complaint driven, and anyone can submit a complaint to the department. The complaint then enters an intake and assessment phase. The disciplinary manager (a masters' prepared nurse), a public member of the Nursing Care Quality Assurance Commission, a nurse investigator and a staff attorney assess the severity of the complaint. All complaints must meet a threshold and be within the jurisdiction of the Nursing Commission before proceeding and being investigated. Therefore, not all complaints proceed or are recorded on an individual's license history. Only those complaints that rise to this threshold and require investigation are recorded on an individual's license history.

At any time, anyone can call the Automated Voice Recall (AVR) system at (360) 664-4111 to check on a nursing license. Employers use this line to verify licensure and review complaint status on licenses. As a license holder, you can call this line to review your license history. If a complaint is received by the department, and meets the threshold criteria, this is then entered

on the license history. Legal proceedings are recorded as well and the action taken.

The complaint process is subject to public disclosure. At certain points in the discipline process, information is available upon written request under public disclosure. Charges for copying costs are required. If over 30 pages, the Public Disclosure Laws are very specific about what must be shared with the public. Certain elements of the records can and need to be redacted (withheld) so that names and medical records are not released. Certain medical history records are not considered to be public records.

There is now Federal legislation that is guiding the Department in the reporting of disciplinary actions. As a result of the Health Insurance Portability and Accountability Act of 1996, the Healthcare Integrity and Protection Data Bank (HIPDB) was formulated. This is a national data bank that is a collection of adverse legal actions against health care practitioners. This includes registered nurses, licensed practical nurses, nursing assistants, and advanced practice nurses. By October 1, 1999, the Department of Health was required to submit information to this national data bank regarding disciplinary actions. The Nursing Care Quality Assurance Commission is working with the National Council of State Boards of Nursing to submit all of this data. Information from this data bank is available to all citizens for a verification fee upon calling.

If you have questions regarding these requirements, you can access the HIPDB web site at www.npdb-hipdb.com. A help line has been established: 1-800-767-6732. As always, we encourage all of you to be familiar with your state practice act. It is a rich resource to guide you in your everyday dedication to your profession. You can also access the nursing commission office through our web site at WWW.doh.wa.gov/hsqa/hpqad/nursing/default.htm. ❖

Web Pages

Following are some WEB pages you may find useful for nursing information.

- www.doh.wa.gov/hsqa/hpqad/nursing/default.htm – Nursing Care Quality Assurance Commission
- www.doh.wa.gov/about/about.htm#HSQA – Department of Health
- www.ncsbn.org – National Council of State Boards of Nursing
- www.dohweb.doh.wa.gov/about/legislation/leg.html – Department of Health legislation in progress
- www.wsna.org - Washington State Nursing Association
- www.nursingworld.org – American Nurses Association
- www.sls.leg.wa.gov/default.htm – Code Reviser Office – Access any statute or rule ❖

1999-2000 Nursing Commission Meeting Schedule

The following table indicates meeting dates and locations for the remainder of 1999 and 2000. You are welcome and strongly encouraged to attend. Each business meeting is open to the public and most of the disciplinary hearings are open to the public. A portion of every business meeting is devoted to open mike time so that you may address any areas of concern or interest

with the Nursing Commission members. The meetings are of interest to all nurses because of the variety of topics including: advisory opinions, upcoming rules, current health related issues, areas of discipline, emerging health trends, etc. For a copy of any agenda or to check on the exact time and location of a meeting, call (360) 236-4713. We hope to see you at an upcoming Nursing Commission meeting.

Date	Location
November 18-19, 1999 Nov. 18 – Hearings Nov. 19 - Business	Pacific Lutheran University, Tacoma Pacific Lutheran University, Tacoma
January 13-14, 2000 Jan. 13 – Hearings Jan. 14 – Business	Cavanaughs, 2300 Evergreen Park Drive, Olympia Cavanaughs, 2300 Evergreen Park Drive, Olympia
March 2-3, 2000 Mar. 2 – Hearings Mar. 3 - Business	Shilo Inn, Vancouver Shilo Inn, Vancouver
April 13-14, 2000 April 13 – Hearings April 14 - Business	Lacey Community Center, Lacey Lacey Community Center, Lacey
May 18-19, 2000 May 18 – Hearings May 19 - Business	Holiday Inn Express, Pullman Holiday Inn Express, Pullman
July 13-15, 2000 July 13 – Business July 14-15 - Workshops	To be announced To be announced
September 7-8, 2000 Sept. 7 – Hearings Sept. 8 - Business	Cavanaugh's Yakima Center, Yakima Cavanaugh's Yakima Center, Yakima
November 2-3, 2000 Nov. 2 – Hearings Nov. 3 - Business	Lacey Community Center, Lacey Lacey Community Center, Lacey ❖

Retired Active License

By Joan Reilly, Ed.D., RN

Occasionally the Nursing Commission has received inquiries about the possibility of issuing a Retired Active license to those nurses who want to retire but still want the ability to volunteer services. During the last year (May 1998-May 1999) the staff at the Nursing Commission office received two letters encouraging the creation of this category of license. An open forum to discuss the need for a Retired Active license was scheduled for May 21, 1999, immediately following the Commission business meeting. Approximately 200 notices of this meeting were sent to individuals on the interested party list that is maintained in the office. No one came to the meeting and we have not received any more written testimony about the

issue. We interpret this to mean there is not general interest. Consequently, the Commission will not be moving forward to develop rules regarding this matter at this time. It is possible that this may become an important topic to more nurses in the future and then it could be reconsidered.

Those retired nurses who wish to do volunteer work or who want to be available to provide services in the event of a disaster are encouraged to maintain an active license. The cost of a professional license is an income deductible expense. Also, the time spent volunteering is deductible at the rate of current remuneration for the services rendered. You are encouraged to contact your tax consultant for laws covering legitimate deductions when filing your income tax. ❖The Nursing Commission **Newsletter**

Fall 1999

Washington Licensing Exam Results For 01-01-99 Through 06-30-99

	Tested	Passed	Pass Percentages
First Time Candidates – RN			
Washington Grads	390	346	88.7%
Out of State Grads	52	47	90.0%
Foreign Grads	23	19	82.6%
Repeating Candidates – RN			
Washington Grads	79	41	51.9%
Out of State Grads	10	7	70.0%
Foreign Grads	3	1	33.3%
First Time Candidates – PN			
Washington Grads	233	213	91.4%
Out of State Grads	15	15	100%
Foreign Grads	8	5	62.5%
Repeating Candidates – PN			
Washington Grads	25	18	72.0%
Out of State Grads	16	12	75.0%
Foreign Grads	2	1	50.0% ❖

Certification For Licensed Practical Nurses

By Shirley Coleman Aikin,
RN, MSN

Recently, while visiting the National Council of State Boards of Nursing national office in Chicago, I learned about a new Certification Exam exclusively for LPNs working in Long Term Care. It is called the CEPN-LTC. The following information adapted from Dr. Chornick and a brochure give a few details about the exam.

It is *specifically* for LPNs and offers the opportunity to be recognized as a provider of quality care by your employer, co-workers, family and friends. Most importantly, passing the CEPN-LTC, *informs the residents* that you are committed to providing them with the best possible nursing care.

Why become certified? LPNs are a significant part of the workforce in providing quality care in long term care facilities. The CEPN-LTC offers you the opportunity to be recognized as an *experienced provider* of quality care.

What certification will you have? After passing the CEPN-LTC, you will be issued a

Certification by the National Association for Practical Nurse Education and Service (NAPNES), and will be authorized to use the initials CLTC to signify your certification status. You may be re-certified every five years.

Who is eligible to take the exam? Any LPN/LVN in the US or its territories with an active license. Practice in long-term care for 2,000 hours within the last 3 years.

Where is the exam offered and what is the cost? The exam is offered at more than 150 ASI Test Centers nationwide, often several days per week. The exam fee is \$150.00.

What is the exam like? The exam consists of 150 multiple-choice questions. Candidates are given three hours to complete the exam.

How can I register? Call 1-800-475-8289.

Who can I contact with questions? Dr. Nancy L. Chornick, Testing Director, at the National Council, (312) 787-6555 ext. 146; e-mail address: nancyc@ncsbn.org ❖

Washington Health Professional Services

By Jean Sullivan, RN

Each year, within Washington's health care community, numerous chemically dependent professionals go undetected and untreated. The implications of this include public safety concerns, loss of valuable, talented, well-trained professionals, and the significant cost of investigations, disciplinary hearings, compliance monitoring and Commission Staff time.

The Washington Health Professional Services offers a voluntary program to professionals experiencing the effects of chemical dependency in their lives and practices. Because chemical dependence is treatable, early and appropriate entry into effective treatment can save the nurse's practice, license and even life.

"Many nurses have the mistaken belief that they will jeopardize their career if they come forward. This is not the case."

The Program offers several services, including confidential consultation with the nurse or other concerned referring individual, consultation regarding intervention, referrals

for evaluation and treatment, development of a comprehensive rehabilitation plan, compliance monitoring, support, structure, outreach and education of the health care community.

When a nurse contacts the program, a member of the Washington Health Professional Services staff meets with them to discuss the Program and their illness. They are then referred for an evaluation to determine their treatment needs. Based on that evaluation, they are connected with treatment programs that meet those needs and are socially and economically appropriate.

The recovering nurses then enter into a contract with the program. This agreement

outlines their participation in the program and is crafted to meet the needs of the individual. However, most contracts require successful completion of treatment, attendance at self-help groups such as Alcoholics Anonymous and participation in a professional Peer Support Group. Depending on the needs of the individual, the contract may also call for individual or group psychotherapy.

The Program also has a random drug screening program as an added assurance to the participant and the health consumer.

It is the philosophy of Washington Health Professional Services that chemically impaired nurses can be facilitated into a recovery process that will ensure the public safety in the most confidential and cost effective manner and at the same time treat the professional and maintain their goal of practice in their chosen discipline.

It is the ultimate goal of the program to provide an accountable, cost effective process for identification, assessment and monitoring of the state's health care professionals in a manner that ensures maximal protection of public safety.

The second goal is to offer a system that will attract the practitioner on a self-referral basis, assuring a higher likelihood of early entry into recovery prior to higher risk stages of the disease.

Many nurses have the mistaken belief that they will jeopardize their career if they come forward. This is not the case. This confidential program is designed to provide the professional the greatest chance of recovery, through monitoring, structure and support.

For more information, please call Washington Health Professional Services at (360) 493-9220. ♦

- Bates Technical College
- University of Washington.

Your efforts are appreciated and we commend you for your work. You deserve flowers, but unfortunately, all we can afford is a heartfelt "Thank You".

The Commission encourages all programs that have developed courses that could be used for remediation to contact the Manager for Nursing Education, (360) 236 4709. Or mail information to the Nursing Commission at PO Box 47864, Olympia WA 98504-7864. ♦

A Note Of Appreciation

The Nursing Commission wishes to thank those nursing programs who responded to the request to inform the Education Program Manager about short courses that are available for use in the disciplinary process for remediation. The schools that responded include:

- University of Washington-Tacoma
- Intercollegiate Center for Nursing Education/WSU
- Shoreline Community College
- Walla Walla Community College

New Tobacco Website Receives National Acclaim

By Renee Guillierie,
Communications Director,
Department of Health



Within hours of the launch of our new Tobacco website last week, the site received national attention. The site was singled out by the top tobacco clearinghouse on the web, Tobacco.org, as Site of the Month. The site received coverage in Seattle by KING and KIRO TV, KNDO TV in Yakima, KGMI radio in Bellingham, and "civic.com" in Virginia.

Features like Helping You Quit, If Your Child Smokes, and a list of smoke free establishments in the state provide a customer focus for the website. Adults and youth can offer direct input on Washington's statewide tobacco prevention program through an interactive link called

Speak to the Council. Personal stories by individuals whose lives have been affected by tobacco are on the main page.

You can view the site at www.doh.wa.gov/tobacco/. You can also find it as a link from the home page of the Department of Health's web site.

Do you have a tobacco story? We'd like to read and post your personal stories and experiences related to tobacco use on our home page. We're seeking stories from family members who've lost loved ones to tobacco-related illnesses, first-person accounts from smokers trying to quit and ex-smokers who have quit. We'd like to receive stories from couples in which one person smokes and the partner does not. Narratives from young people in all these categories are appreciated. Please write to fes1303@doh.wa.gov or call (360) 236-4077. ❖

Renewals

The majority of our hundreds of telephone calls per day are regarding the renewal process. Your assistance is appreciated in following these simple steps.

Step Before you send your license renewal, complete these important steps:

1. Write your name and address on a blank piece of paper with your social security number and/or license number. Place inside your mailing envelope along with your check made payable to Department of Health: (If envelope postmark is dated after your birthday, you are considered late. There are no exceptions.)

Nursing Assistant: \$20.00Late:\$40.00
RN/LPN: \$50.00Late:\$100.00

2. Correct address on envelope should read:

Nursing Commission
PO Box 1099
Olympia, WA 98507.

Check or money order made payable to: Department of Health

3. Send your renewal at least three weeks before your birthday. The turn around time is approximately three weeks.

Before you contact the Renewal Unit about the status of your renewal:

1. Wait 10 working days from the time you sent your check or money order to contact us about a missing license.
2. Contact the bank or place of business you purchased the check/money order from to find date cleared. Have this date ready to relay to renewal desk. (We cannot accept cash.)
3. Know the correct telephone extension.

Automated Verification Line: . (360) 664-4111
License Renewal: (360) 236-4703
ARNP Renewal: (360) 236-4708

We do not have Voice Mail. Please continue to ring until we answer. Calls will be answered in order. ❖

Rules Update

By Terry J. West

Following is a listing of rules that are in the process of being developed, ready for public rules hearing or rules writing process. At the end of the article is information on how you can receive a copy of any of these rules or be added to the interested persons mailing list to receive all future rules mailings.

Advanced Registered Nurse Practitioners:

The roundtable meetings and the initial rule writing workshop have been completed. The public rules hearing will be held January 14, 2000 at Cavanaugh's Inn, 2300 Evergreen park Drive, Olympia, WA 98507.

The rules which are being amended are: New WAC 246-840-299 Definitions; Amending the following: WAC 246-840-300 Advanced registered nurse practitioner; WAC 246-840-305 Criteria for formal advanced nursing education meeting the requirement for ARNP licensure; WAC 246-840-310 Use of nomenclature; WAC 246-840-320 Certification and certification program; WAC 246-840-330 Commission approval of certification programs; WAC 246-840-340 Application requirements for ARNP; WAC 246-840-345 ARNP designation in more than one area of specialty; WAC 246-840-360 Renewal of ARNP designation; WAC 246-840-410 Application requirements for ARNP with prescriptive authority.

Mandatory Reporting:

This rule was identified during the rules review process as needing amendment to be more clear and understandable. Two public rules writing workshops were held to solicit input. A public hearing will be held November 19, 1999 at Pacific Lutheran University, Tacoma, WA.

Alcohol Impairment at the Workplace:

Public rules writing workshops were held September 27, 30, 1999 in Eastern and Western Washington. The Nursing Commission is considering comments received regarding draft language. The draft language proposed was:

"Nurses shall not engage in nursing, or otherwise report to work prepared to engage in nursing, when the nurse's alcohol concentration equals or exceeds 0.04%, as determined by reliable testing methods based on accepted scientific principles and laboratory practices. Violation of this rule shall be grounds for discipline under RCW 18.130."

Please email your opinions, input or comments to Jeanne Giese at: jmg0303@doh.wa.gov. There will be future public forum on this issue. Please contact the Commission Office for details. Comments on the draft language may be submitted. See end of article.

Telenursing:

The Nursing Care Quality Assurance Commission (NCQAC) worked collaboratively with the Board of Pharmacy (BOP), Medical Commission (MQAC) and the Board of Osteopathic Medicine and Surgery (BOMS) to develop a policy statement on the use of protocols and standing orders in telephone nursing. The purpose of the statement was to lend definition to the concepts of protocols, standing orders, and the patient-prescriber relationship. The Joint Statement on Standing Orders and Protocols was not trying to undo the practice of standard approaches to care such as pre-printed orders specific to a patient, when the prescriber is clearly identified, but rather, describe who is authorized to make a medical diagnosis and issue a valid prescription. Because of widespread misunderstanding of the first version of the statement, the Nursing Commission chose to further explore the practice of telenursing to more clearly understand the elements involved.

To date the NCQAC has had several meetings to explore the emerging issues. The purpose of this workgroup is to further identify terms and concepts related to the practice of telenursing that were not adequately addressed in the Joint Statement and to contribute to the development of a refined policy statement. The original intent of the Joint Statement remains: to disseminate a regulatory policy statement that will help nurses recognize and clarify a valid prescription and to evaluate the existence of a patient-provider relationship in telephone protocols

Practice Standards:

Four rules were identified during the rules review process as needing amendment: WAC 246-840-700 Standards of nursing conduct or practice; WAC 246-840-705 Functions of a licensed practical nurse; WAC 246-840-710 Violations of standards of nursing conduct or practice; and WAC 246-840-715 Standards/ competencies. A rules hearing has been scheduled for November 19, 1999 at Pacific Lutheran University, Tacoma.

Nursing Technicians:

Rules writing workshops were held October 1, 1999 and October 8, 1999 in Eastern and Western

Rules Update

(Continued from Page 12)

Washington. The Nursing Commission will be reviewing all of the input received and will decide on a course of action. Possibilities include repealing the rules because of insufficient statutory authority to write the rules, requesting a statutory change or amending the rules. The Nursing Commission will send a proposal to all persons on the interested persons mailing list. If the rules are to be amended or repealed a hearing date will be set for early 2000.

Changing Renewal Cycle:

The rules writing workshops have been held and the recommendation is to change the Registered Nursing renewal cycle to two years, but leave the Practical Nursing renewal cycle at annual. A rules hearing will be held in early 2000.

Definitions:

Three rules were identified during a rules review process as needing amendment: WAC 246-840-010 Definitions; WAC 246-840-760 Terms used in WAC 246-840-750 through 246-840-780; and WAC 246-840-920 Definitions. A rules writing workshop was held May 21, 1999.

A rules hearing date will be set for early 2000.

ARNP Corner

By Shannon Fitzgerald,
RN, MSN, ARNP and
Frank Maziarski, CRNA,
MS, ARNP

Work is continuing on the updating and revision of the Advanced Registered Nurse Practitioner (ARNP) rules (WAC 246-840-300). The purpose of this rules revision process is to clarify licensing requirements, to evaluate possible methods for recognizing additional specialties and to assist practicing ARNPs with questions related to care functions and practice parameters. The Nursing Commission has developed three drafts of the new rules over the past three years with a great deal of input from the nursing community. By late 1999 a final draft will be ready for review and will be distributed to the interested persons mailing list which will also include the date and location of the public rules hearing.

As of October 1999, proposed changes include:

- Addition of acute care nurse practitioners to the list of currently recognized specialties
- Addition of a brief list of core functions central to ARNP practice across specialties
- A method for the Nursing Commission to periodically evaluate emerging ARNP categories for possible inclusion in WAC 246-840-310 based on education, scope of practice and certification criteria.

Procedural Sedation:

As a result of several rules writing workshops the Nursing Commission has decided that a rule on this topic is not appropriate at this time. See the article on page 14 regarding adopting a policy on this topic.

How to Receive a Copy

If you would like to receive a copy of any of the rules in process (If drafts have been developed), write to:

Department of Health
Nursing Programs/Rules
P.O. Box 47864
Olympia, WA 98504

or FAX a request to (360) 236-4738.

If you would like to be added to the interested persons mailing list to receive all future rules notices please write or FAX your request to the above address and FAX line. See the Nursing WEB site at WWW.doh.wa.gov/hsqa/hpqad/nursing/default.htm for up to date information on all of these rules in progress. ❖

- Clarification of ways in which ARNPs can adapt and expand their practices once educational preparation has been completed

If you would like to be included on the interested persons mailing list please FAX your request to (360) 236-4738.

Did you know....

- You can look up WACs on our website at: www.doh.wa.gov/hsqa/hpqad/nursing/default.htm
- Information about national trends and issues related to ARNPs elsewhere in the United States can be found on the National Council of State Boards of Nursing web site: www.ncsbn.org
- Washington State is one of only eight states in which ARNPs have the privilege of practicing and prescribing without the need for physician supervision or formal collaboration.
- Advanced Registered Nurse Practitioner (ARNP) is the generic term assigned by the State Legislature to denote second licensure for individuals whose qualifications meet Washington's requirements. **When signing records, use ARNP and, if desired, the initials related to your specialty.** ❖

License Renewals

Nurses frequently call the Nursing Commission office to inquire about license renewal procedures. Some of these calls occur because renewal notices were not received. Renewal notices are mailed 4-6 weeks prior to the birth date of the licensee to the address on file with the Nursing Commission office. Please note the following:

- ♦ **Please notify the Nursing Commission in writing of all address changes.**
- ♦ **A renewal notice is not necessary to process your license renewal.** If you do not receive a renewal card, send in the renewal fee (\$50 or \$100 if postmarked after your birth date) and make checks payable to the Department of Health with a letter stating your name, address, date of birth, license number and your profession, i.e. RN or LPN, to:

Washington State Nursing Care
Quality Assurance Commission
P.O. Box 1099
Olympia, WA 98507-1099
- ♦ **Approximately 80,000 renewal notices are generated for nurses and unfortunately not all are delivered.** Some are lost in the mail; some are returned undeliverable because the post office determined the licensee has moved; state mail is not automatically forwarded even if you have filed a change of

address with the post office.

- ♦ **Name change requires documentation.** Submit a copy of your marriage certificate, divorce decree or court document along with your renewal.
- ♦ **Renewal date coincides with your birth date.** As with other health care professions, the nursing law gives the nurse the responsibility to ensure that his/her license is renewed by the expiration date.
- ♦ **Renewals in person are NOT quicker.** If you have waited until the last minute to renew your license, you may come to the Olympia Office to renew your license. However, you will **NOT** receive your license that day and it will be mailed to you. Written verifications cannot be given at the counter. We are not able to verify renewals mailed in late, last minute, or by counter.
- ♦ **Employers are encouraged to establish a log showing they have viewed the license with the name, license number and name of the verifier.** Employers should demand to see the **original** license, not a copy.
- ♦ **The Automated Verification System number is (360) 664-4111.** Call this number to verify renewals or licensure status. Be sure to obtain the license number from the licensee prior to calling the Automated Verification System. ❖

Procedural Sedation

By Jeanne Vincent, RN,

The Nursing Care Quality Assurance Commission (NCQAC) has issued advisory opinions related to the RN role in administering procedural sedation and monitoring patients receiving procedural sedation. The opinions have delineated specific medications to be used and recommendations for training and preparation prior to performing the procedures. Additional requests have been received by the NCQAC regarding the use of anesthetic agents administered by RNs to initiate procedural sedation. The use of rapid acting anesthetic agents has both positive and negative outcomes for the patient. A workgroup has been meeting since the Spring of 1999 to explore the role of the RN in administering a variety medications to induce procedural sedation.

The *goals* of the workgroup are to:

- Define the terms related to sedation procedures
- Delineate the nursing roles for performing sedation procedures or assisting with sedation procedures
- Identify circumstances in which RNs could administer anesthetic agents
- Recommend minimum training and/or credentialing requirements for RNs

In October, 1999 the workgroup recommended to the Nursing Commission to promulgate a policy statement and not move forward with rule writing at this time. ❖

Commission Member Appointments

Rosetta "Marlene" Wells, LPN



Marlene Wells, LPN was appointed July 16, 1999 to the Nursing Care Quality Assurance Commission. Her four year term will end June 30, 2003. Marlene is currently employed at Swedish Hospital in the Critical Care Unit. Marlene likes challenges and wanted to be a part of the Nursing Commission as they carry out their wide variety of endeavors.

When asked what she has learned since her appointment she responded, "I am surprised at all of the people who are abusing their licenses. A license is a very important part and shouldn't be abused. It is your livelihood."

Marlene has stated that she is happy to be a part of the Nursing Commission and finds it an interesting challenge

Sandy Weeks, ARNP, LM

Sandy Weeks, ARNP, LM was appointed to the Midwife position on the Nursing Care Quality Assurance Commission on March 26, 1999. Her four year term will end June 30, 2002. Sandy became interested in the Licensed Midwife position because so few people know about Licensed Midwives and what they do. When asked why she wished to be appointed to the Nursing Commission, she responded, "looking out for the public and consumers is important to me. This has been an issue for me for a long time. Consumers need to get more information."

Sandy started as a nurses aide at St. Peter's Hospital. She completed her LPN program in 1967 and then her associate degree in nursing. She has worked in ICU for almost 30 years. Following a stint as a birthing assistant she attended the Seattle Midwifery School for three years and began a private practice in Shelton. She obtained her BSN and Masters degree in Family Nurse Practitioner from St. Martin's

College. She has also obtained her OB/GYN nurse practitioner license and Family Nurse Practitioner license. She also works as a clinician at Planned Parenthood. She has been in the Army Reserves for twenty years. In 1990 she was reactivated and served in Desert Storm.

When asked what has surprised her most about being on the Nursing Commission she responded, "I am surprised at the amount of work the Nursing Commission does. The extent of what goes on is awesome. I can remember being a new graduate Registered Nurse and wondering what the heck do the people making rules know about being at a bedside. Now I know they do know and I want to be a part of that and make those changes."

Joanna Boatman, RN

Joanna Boatman has been reappointed as an RN member to the Nursing Commission. Her four year term ends June 30, 2003. Joanna has served on the Nursing Commission since September 15, 1995 and has also recently served as Chair.

We are very happy to have Joanna reappointed and look forward to her continuing work on several committees of the Nursing Commission.

Vacancies:

The Nursing Commission is still looking for applicants for the public member vacancy. Qualifying persons are those who do not have a health care background and have no affiliations with any health care services regulated by the Nursing Commission.

On June 30, 2000 there will be two additional vacancies occurring. Another LPN position will be vacated and the second public member position will be vacated. If you are interested in applying for any of these positions please call (360) 236-4713 for an application and informational sheet. ❖

Staff Changes



Dr. Maura Egan



Megan Pottorff, JD

The Department of Health staff that serve the Nursing Care Quality Assurance Commission are housed in Health Professions Quality Assurance Section 6. Over the summer, we have had numerous staff changes and we would like to introduce new staff members as well as thank the many dedicated people who worked with us.

Jo Waidely was a program manager for the nursing assistant program. Jo enjoyed close to ten years with the Department of Health and many years with the Department of Licensing prior to that. Jo has retired and we wish her many years of enjoyment.

Kendra Pitzler, program manager for licensed midwives and compliance, is now the program manager for the nursing assistants. Kendra will also be the program manager for the new profession of surgical technologists. Interested parties are currently busy with public meeting workshops to define the registration process for these individuals. We wish them the best in their endeavors to solidify their profession.

Dr. Joan Reilly, the education manager for the nursing commission, has also retired. Dr. Reilly was with the commission over eight years and made a number of contributions to the educational facilities for nurses across the state of Washington. Joan was admired by many for her fair and helpful assistance in reviewing the many schools of nursing. Joan will be missed by many.

Dr. Maura Egan is the new education manager for the commission. Dr. Egan most recently

worked with St. Martin's College in their baccalaureate and masters' degree programs. Maura is eagerly learning the Brief Adjudicative Process (BAPs) along with the many functions the position offers. Dr. Egan will be completing the site survey process for all schools of nursing as well as midwifery schools. We welcome her expertise and her energy.

In our licensing department, we would like to welcome Adena Nolet and Jessica Hutchinson.

Jeanne Giese, RN, MN manager for practice and discipline is now the discipline manager and chief investigator for section 6.

Jeanne Vincent, RN, MS is now the practice manager and is responsible for management of the secretary professions (nursing assistants, midwives, and surgical technologists), coordination of the advisory opinion process as well as practice related questions for RN, LPN, and ARNP practice.

Megan Pottorff, JD, is a new staff attorney with Section 6. Megan has worked in private practice and with the Department of Health for 2 1/2 years. Megan has been a staff attorney for the Medical, Dental, and Chiropractic Quality Assurance Commissions; Podiatry, Physical Therapy, Veterinary, and Occupational Therapy Boards; and, several secretary professions.

We welcome our newest staff members and are excited by the recent changes in our management structure. We hope we are serving you well and welcome your suggestions to improve our customer service. ♦

LPN Corner

By Becky Kerben, LPN

Fall is upon us again with crisp nights, falling leaves, the children are back in school and a few of us have thoughts turning toward the holidays. I would like to talk about continuing education for us – whether it is a class at our place of employment or a seminar offering. I have been an LPN for almost 35 years and the changes in the medical profession have been so numerous.

Who would have thought thirty years ago, that people would survive major organ transplants and be able to go on to enjoy useful and purposeful lives? The new medications that are

life saving; surgery techniques that can be performed before a baby is born....we are part of a revolution in the medical arena. With these exciting and challenging times comes a responsibility to not only ourselves, but, also to those we serve whether it be in a hospital, clinic, long term care facility, or home setting, to be the most efficient and knowledgeable nurse that we can be.

With the changing times, I would encourage all LPNs to know the Washington State laws pertaining to our profession, and to keep up with their competencies. Check educational seminars in your area and participate in what you can to be able to give the best care to those who are entrusting their lives to us! ♦

Multi-state Licensure Through Mutual Recognition

By Cheryl Payseno, RN,
MPA

I have written several articles in past issues about the initiative by the National Council of State Boards of Nursing to establish multi-state licensure for nurses through mutual recognition. Under this innovative licensing system, a nurse will be issued one license, in her/his state of residence, that is recognized nationally and enforced locally – similar to a driver's license. For a state to participate, their legislature would adopt legislation authorizing mutual recognition in place of the current licensing system. Five states have passed legislation and fourteen other states are expected to follow in 2000 and 2001.

Under this innovative licensing system, a nurse will be issued one license, in her/his state of residence, that is recognized nationally and enforced locally – similar to a driver's license.

Since I have been writing and speaking to nurses about mutual recognition, I have heard from many of you. Nurses have told me that they strongly favor the concept – “It just makes sense”, is what I am most often told. “How soon can you make this happen?”, is a common

response. The Nursing Commission in Washington has endorsed the concept and plans to move forward to introduce legislation.

There are some professional nursing organizations and unions representing nurses that do not support mutual recognition and would like to maintain the licensing system we have now. Some believe that expedited licensing in multiple states is not needed or that alternatives to mutual recognition, such as rapid endorsement, have not been adequately evaluated. Others have taken a “wait and see” approach. There is apprehension that, by recognizing the license of nurses from other states, jobs held by nurses in Washington will be placed at risk. Some are opposed to mutual recognition because they believe that there are too many unanswered questions.

Whenever society or an organization is considering significant and fundamental change, there is stress and uncertainty and, for a period time, it may seem that there are more questions than answers. The National Council of State Boards of Nursing has been working with other professional organizations, including the American Nurses Association, to listen to their

concerns and to respond to issues and questions. Leaders of organizations that represent professional nursing have a duty to listen intently, to remain objective and to work diligently together to change our outmoded and expensive licensing system.

Many of the questions posed by nursing organizations actually relate to NURSUS, the newly established nurse licensure computerized data base system. NURSUS is being pilot tested now and its development was not related to mutual recognition.

There has been a concern that the quality of nurses would erode – that nurses practicing in a neighboring state may be inferior to nurses practicing in our state. To respond to this issue, uniform, basic qualifications for initial licensure were adopted by the delegates at the National Council. Some questions relate to the method of administering mutual recognition between the states. Operational and administrative systems are being established. Draft Articles of Organization and Bylaws have been developed and were presented at the national meeting.

I urge each of you to familiarize yourself with both the benefits and the potential shortcomings of mutual recognition – for there are both. Discuss the issue with leaders of your professional nursing organization. They want to represent the position of their members – let them know that you support multi-state licensure through mutual recognition.

Systems and organizations that are slow to change may be headed for trouble. Nursing has the opportunity to take the lead and to create a model licensing system for the health professions. The current system is slow, duplicative and not designed to adequately protect the public from unsafe nursing practice. Let us seize the opportunity to work together, as professional nurses and leaders of nursing organizations, to create the health licensing system of the future.

I appreciate hearing from you. To find out more about Mutual Recognition, log on to the National Council's website – <http://www/ncsbn.org>. Or, you may contact me at cpayseno@halcyon.com or telephone number (206) 439-5460. ❖

Chair's Report



By Cheryl Payseno, RN, MPA

In July, I was elected to serve as Chair of the Nursing Care Quality Assurance Commission. I look forward to serving the people and nurses of the state of Washington as we enter what has been described as the "new Golden Age of medicine." Prospects for health care are bright but tempered with concerns about rising costs, Medicare reform, fraud and abuse and the potential declining availability of health care professionals, at a time when the demand for services is rising as America ages.

We all know that change is inevitable – it is not a matter of *if*, but rather *when* will change occur. Technology brings change at a dizzying pace. A recent issue of USA Today reported that more than 76 million Americans are dialing the airwaves on their cell phones – up from 880,000 a little more than ten years ago. E-mail, unknown a decade ago, has become commonplace. The government has approved a new inhaled anti-influenza drug making possible a significant improvement in the quality of the lives of

millions of sufferers each year. On-line prescription services are convenient but may leave patients at risk as potentially dangerous prescription drugs become available without an authorized prescriber first performing an

exam and making a reliable diagnosis.

Recently, I attended the annual meeting of the National Council of State Boards of Nursing in Atlanta, Georgia. The National Council is an organization through which state boards and commissions of nursing from all fifty states and eleven U.S. Territories work together on matters of common interest and concern affecting the public health and the nursing profession. To keep pace with the diverse needs of our society and with the explosion in information and technology, our profession is undertaking significant and potentially transformational changes, both on a national and a local level. It is an exciting time to be a nurse. I will discuss a few of these possible changes in this article – other topics will be covered throughout this issue.

Multi-state licensure through mutual recognition. We have had several articles in past

newsletters describing the national initiative for multi-state licensure for nurses through mutual recognition. With mutual recognition, a nurse will have one license in her/his state of residence and will have the privilege to practice in other states that have adopted the concept through legislative action – similar to a driver's license. So far the legislatures in five states have approved the interstate compact which authorizes mutual recognition. Eight states anticipate legislative approval in 2000 and six more in 2001. It is expected that by 2001, nineteen states will allow nurses who live in those states to practice in other mutual recognition states without obtaining a license in each state. (Washington is among those anticipating legislation.) Increasing the availability of qualified nurses and reducing expensive, duplicative effort are in the public's best interest. See the article on Page 7 for WEB sites.

NURSYS. Another major project of the National Council is the development of the first comprehensive, computerized nurse licensure database, called NURSYS. This computer-based data warehouse will provide a national resource of nurse licensing and disciplinary information as well as demographic characteristics of the nurse labor force. NURSYS will make it easier for nurses to move to a new state and to practice in multiple states. The availability of data assists boards and commissions with their primary duty – protecting the public from unsafe nursing practice. The data will provide a better picture of the "state of nursing" in our nation – the number of nurses practicing and where they work. Demographic data is essential to accurately estimate the supply of nurses to meet expanding needs.

Core licensure requirements. The National Council adopted uniform core licensure requirements for initial licensure of RN and LPN candidates and recommends that states move toward incorporation of the uniform core licensure requirements. These core requirements describe the minimum and essential licensure requirements that each nurse must meet to obtain a license. Once approved by each state, uniform core requirements will increase the mobility of nurses while promoting public safety in the least restrictive manner. In addition to requiring graduation from an approved program and passing the NCLEX examination, states would agree to common practices in evaluating and managing the fitness of nurses to practice, including nurses with criminal convictions, history of nursing dependency, functional ability deficits that

(Continued on Page 19)

Chair's Report

(Continued from Page 18)

require accommodation to perform essential nursing functions.

I am pleased my peers have selected me to chair the Commission. I am devoted to the principles of quality nursing. It is essential that we focus on evolving needs of the public and new methods of meeting those needs. We are available to answer questions related to nursing

and nursing practice and to provide technical assistance to health care organizations. Call on us and allow us to assist you. Together we can improve the health care environment for our patients and the practice environment for nurses in Washington State. ❖

*Cheryl L. Payseno, R.N., M.P.A., Chair
Washington State Nursing Care Quality Assurance
Commission*

Telephone List

**Please
Note
All area
codes are
360 unless
designated
otherwise**

Administration

Paula Meyer, Executive Director 236-4713
Kris McLaughlin, Secretary 236-4713

Licensing

Terry J. West, Health Administrator . 236-4712
Licensing System
Applications (RN & LPN) 236-4740
Examination 236-4740
Renewals 236-4740
Endorsement 236-4740
Nursing Assistant 236-4740
Verification FAX 360 586-5935
Correspondence FAX 360 236-4738

Education

Dr. Maura Egan, Education Manager 236-4709

Legal

Trent Kelly 236-4710
..... (206) 389-2984
Karl Hoehn 236-4717
..... (206) 389-3035
Megan Pottorf 236-4722
Legal Secretary 236-4719
Discipline Questions
(process and orders) 236-4724

Discipline, RN & LPN

Jeanne Giese, Manager 236-4728
Complaint Intakes 236-4727
Complaint Investigations, Inquiries . 236-4726

Practice, RN & LPN

Jeanne Vincent, Manager 236-4725
Disciplinary Order Compliance, RN 236-4727
Disciplinary Order Compliance, LPN 236-4721
Advisory Opinions, practice issues ... 236-4724

Nursing Assistants, Practice & Discipline

Compliance, Nursing Assistants 236-4715
Discipline/Investigation,
Nursing Assistants 236-4716
Jo Waidely, Manager 236-4718

Nursing Pools

Terry West, Health Administrator 236-4712

Surgical Technologists

Kendra Pitzler, Program Manager 236-4723 ❖

Collecting Social Security Numbers

Recent changes in state and federal legislation require the Department of Health to collect nurses' social security number when applying for a license or renewing their credential. Compliance with this request is mandatory since it is now a requirement for licensure.

If nurses choose not to provide the Department of Health with their social security number, a license cannot be issued or renewed. In addition, if the social security number is later provided after the due date, then a late fee will be assessed because the renewal is considered

incomplete without the social security number. There is no appeal process for an incomplete renewal. The remedy is to provide the necessary information.

In the next couple of months we will begin stamping renewal notices if we do not have your social security number. If you receive your renewal notice and it does not have a stamp on there indicating you need to fill out your social security number, then we already have it and thank you for the compliance. If you have any questions concerning this new requirement, please feel free to contact the Nursing Commission office at (360) 236-4712. ❖

History Lesson Topic: Graduate Nurses and Interim Permits

By Joan Reilly, Ed.D., RN

During the era of paper and pencil testing, graduate nurses were issued interim permits to allow them to practice under the direction and supervision of a registered nurse while awaiting the opportunity to write the practical nurse exam or the registered nurse exam. This seemed a prudent way to approach licensing and allow graduates the opportunity to begin practicing their chosen profession immediately. The paper and pencil exam was given only twice a year and many graduates may have had to wait long periods of time for the testing dates. Interim permits were easier to track in those days because they expired on the same date for all candidates.

The mission of the Washington State Nursing Care Quality Assurance Commission is to protect the health care consumers of the state by ensuring that each person holding a license as a practical nurse or registered nurse is competent to practice safely.

Technology has changed the method of testing. Since April of 1994 the licensing exams called CAT (Computerized Adaptive Testing) are administered six days a week year round. There are 4 testing sites in Washington. This change in method of testing has speeded

the process of issuing a license to those who are successful in the testing process. It has been possible in recent months to license candidates within two weeks of scheduled testing.

The mission of the Washington State Nursing Care Quality Assurance Commission is to protect the health care consumers of the state by ensuring that each person holding a license as a practical nurse or registered nurse is competent to practice safely. The licensing exam is the primary mechanism used to assure the public that new graduates are safe practitioners. During the time that a graduate would hold an interim permit neither the public nor the employers have any assurance of the graduates competence. During 1998 the first time pass rate for the NCLEX-RN was 88% and

Every two years the Department of Health is required to adjust the fee that medical providers may charge for searching and duplicating medical records. This change is based on changes to the consumer price index.

for the NCLEX-PN was 94% for Washington State candidates. This means that 12% of the graduates from registered nurse programs and 6% of the graduates from practical nurse programs did not meet the minimum standards to practice safely. Would we be providing protection to the public if those individuals were allowed to work with interim permits?

For the past two years graduates of registered nursing programs have been allowed to work as nursing technicians for 90 days following completion of the nursing program. This has the same effect as working with an interim permit, but without any credential. It appears that this is not in the best interests of the consumer. Further it has been determined that the Nursing Commission does not have authority to write rules for this category of practitioner; therefore, the rules are being reviewed to see if changes need to be made.

Questions and answers:

What can I do as a graduate nurse until I am issued a license?

You may work as a nursing assistant registered or nursing assistant certified after being credentialed by the Nursing Commission. If you have a current LPN license, you may work as a licensed practical nurse.

As a new graduate can I start an orientation prior to receiving a license?

As long as the orientation is limited to the classroom and no actual nursing care is provided, it is permissible to start the orientation process.

As a graduate nurse may I be involved in an observational experience with a licensed nurse?

As long as the experience is strictly observation and you are not providing any nursing care, this would be permissible. You would need assurance from the employer that there would never be a situation that would put you in a position that would require you to make a nursing decision. ❖

WAC 246-08-400 was amended effective July 1, 199 through June 30, 2001 to raise copying fees from seventy four to seventy nine cents for the first thirty pages and sixty cents per page for all additional pages. Providers can charge an eighteen-dollar clerical fee for searching and handling records. ❖

Medical Records Fee

By Terry J. West

To ensure receipt of your annual renewal notice and other timely information, please keep the Nursing Commission informed of any change in your name or address.

Name and/or Address Change Form

(Please type or print in ink)

*A change in name must be accompanied by a photocopy of the marriage certificate, the divorce decree, or the court-ordered name change (whichever is applicable).

License # _____ Social Security # _____

- ☐ RN
- ☐ LPN
- ☐ NAC
- ☐ NAR

Old Information:

Name _____

Address _____

Changes:

Name* _____

Address _____

Effective Date _____ Signature _____

A licensee's address is open to public disclosure under circumstances defined in law, RCW 42.17. The address the Commission has on file for you is used for all mailings, renewal notification and public disclosure.

Send completed form to the commission office by folding, taping and placing postage on the reverse side of this page, which is pre-addressed, or by sending to:

Nursing Commission
P.O. Box 47864
Olympia, WA 98504-7864



Fold Here

Place
Postage
Here

**NURSING COMMISSION
PO BOX 47864
OLYMPIA WA 98504-7864**

Fold Here

Tape Here

Why Renew On Time?

By Shirley Coleman Aikin,
RN, MSN

The health care arena is rapidly changing with increasing demands being placed on nurses in all practice settings. Nurses are expected to respond to varying client needs while also coping with vast technological advancements. As the pace of nursing care has been stepped up, so also has day to day life experiences. In the process of “just keeping up,” it often occurs that returning the nursing license renewal is delayed until the time that all the bills are paid.

The Law Relating to Nursing Care states that the license is to be renewed every year on the practitioner’s birthday (WAC 246-840-990). The Department of Health sends out a courtesy license renewal reminder to each nurse approximately two months before their birthday. This allows ample time to put it in the mail, be processed and returned before the birthday. However, one factor significantly delays the turnaround time: an incorrect address. One state charges a \$200.00 change of address notification fine when the license is returned due to an incorrect address. This fee is for the additional cost of extra processing time. The licensee is then charged a late fee if the license is not renewed prior to the birthday.

In the State of Washington, the renewal fee is set with a \$50.00 late penalty. In one southern state, the renewal fee is \$75.00; with a late penalty of \$200.00 the first time, \$500.00 the second time, and license revocation the third time. The rationale given is that the extra processing and time adds to the cost.

Six reasons why you should renew your license on time:

- 1. Professionalism** – It is YOUR license. You must accept responsibility for ensuring that the Nursing Commission has your current address at all times.
- 2. Reduce Stress** – When your license is renewed early, the license will not expire.
- 3. No Extra Late Fee** – Why pay extra money when the renewal can be put into the mail soon after it is received at your address?
- 4. Employer Verification Of License** – Some employers require that your license be annually verified as current. Credentialing committees require this as well. The Joint Commission of Accreditation of Health Care Organizations may require this also.
- 5. It’s The Law!** If you are providing nursing services with an expired license you are violating the law.
- 6. Reduce Stress For Staff Who Must Process The Renewal** – Staff wants to provide efficient service to all nurses who need license renewals. But in one month 778 late renewals had to be processed or persons came to Olympia and wanted to have the license processed “on the spot” THAT DAY.

Approximately 6,135 renewals are processed each month. We can do much to support our profession and persons working in areas that provide services. Send in your change of address and license renewals ahead of time. ❖

Numbers Of Licensees

Category	Active
Registered Nurses	59,750
Practical Nurses	13,878
Advanced Registered Nurse Practitioners (Total)	2,390
Family Nurse Practitioner (FNP)	848
Women’s Health Care Nurse Practitioner (GYN)	244
Pediatric Nurse Practitioner (PNP)	181
Adult Nurse practitioner (ANP)	334
Geriatric Nurse Practitioner (GNP)	91
Certified Nurse Midwife (DNM)	223
Certified Registered Nurse Anesthetist (CRNA)	125
School Nurse Practitioner (SNP)	3
Neonatal Nurse Practitioner (NEO)	31
Clinical Specialist in Psych/Mental Health (CNS)	310

DEPARTMENT OF HEALTH
WASHINGTON STATE NURSING CARE
QUALITY ASSURANCE COMMISSION
PO BOX 47864
OLYMPIA WA 98504-7864

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